

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016882

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **233**

Primary Registration District No. **4346**

Registrar's No. **34**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10700

20700

3

40

51

6

70

82

9420.1

10

11

12902

132-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 24 1963

1. PLACE OF DEATH

a. COUNTY **Montgomery**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Montgomery City**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Montgomery**

c. CITY
OR
TOWN **Montgomery City**

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS **507 N. Harper**

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Paul Edward Timmerberg

4. DATE OF DEATH
Month Day Year
April 16, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-4-1894

9. AGE (last birthday)

69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Government Work (Retired)

10b. KIND OF BUSINESS OR INDUSTRY
Grain Inspector

11. BIRTHPLACE (City and state or country)
Montgomery County, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Fritz Timmerberg

13b. MOTHER'S MAIDEN NAME

Lena Vetter

14. NAME OF DECEASED'S WIFE

Margaret Timmerberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes

(If yes, give war or dates of service)
WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Margaret Timmerberg

Address **Montgomery City, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

5 years

DUE TO (c)

Hypertension

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **April 16** to **April 16** and last saw him alive on **April 16, 1963**
Death occurred at **8:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. G. C. Coccioppo, D.O.

22b. ADDRESS

108 N. Harrison, Montgomery City, Mo

22c. DATE SIGNED

4-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Montgomery City Cemetery

23d. LOCATION (City, town, or county)

Montgomery City, Missouri

Funeral Director **Schlaenger Funeral Home**

Address **Montgomery City, Missouri**

25. DATE RECD. BY LOCAL REG.

4-18-63

26. REGISTRAR'S SIGNATURE

Laura B. Callaway

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAY 3 1963
APR 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. Boone Schlanke

Licensed Embalmer No.

4136

P. O. Address

Montgomery City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.